

Instructions for completing the Prescriber/Dispenser Database Access Request Form:

1. Information on the form must be legible.
2. Fill in all of the information requested, or the request may be denied.
3. Indicate whether New, Update, or Terminate.
 - New is for someone who has no previous access to the database.
 - Update is for someone who has an assigned user name and password to make changes. For instance, use update to change an email address or phone number or for a pharmacist who moves to another pharmacy or practitioner who moves to another office.
 - Terminate is used to tell us you no longer wish to have access to the program.
4. Indicate your professional title (MD-Medical Doctor, NP-Nurse Practitioner, etc.) and the license number and expiration date issued by your Arizona professional licensing board.
5. Indicate your DEA number and expiration date.
 - Pharmacists use your pharmacy's DEA number.
 - Practitioners use your personal DEA number. (Hospital residents without a personal DEA number use your assigned Hospital DEA number with suffix)
6. You should propose a password.
 - Passwords must be at least eight (8) characters in length.
 - Passwords must not contain dictionary words or a name.
 - Passwords must contain at least one (1) capital letter and one (1) lowercase letter and one (1) number. For Example:
 - H82bYb07 Acceptable
 - Bob12345 Not Acceptable
 - rsmith07 Not Acceptable
7. After completing Access Request form, have it notarized and mail the **Prescriber/Dispenser Access Request Form**, the signed **Privacy Statement Form**, and copies of your **current AZ Board License, DEA Registration, and Drivers License** to:

Arizona State Board of Pharmacy
Controlled Substances Prescription Monitoring Program
P.O. Box 18520
Phoenix, Arizona 85005
8. Health Information Designs, Inc. will notify you by e-mail when your request has been approved. Keep a copy of the access request and privacy statement for your records.